2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000072289

Mailing Address

5005 COLLINS AVE. UNIT C-1

1. Entity Name

ISRA HOLDING, INC.

Principal Place of Business

5005 COLLINS AVE. UNIT C-1

FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90102 022 ***150.00

| Con the second |
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| MIAMI BEACH | f FL 33140 | | MIAM | MIAMI BEACH FL 33140 | | | | | | | |
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| 2. Principal Place of Business | | | 3. Ma | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Sui | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| . City & State | | | | City & State | | | 4. | 1 05149//05 | | Applied For Not Applicable | |
| Zip Country | | | - Zip | | try — | 5. | Certificate of Status Desired | \$8.75 Fee Re | Additional quired | | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| LEE, KAI M | | | | | i | Name | | | | | |
| 5005 COLLINS AVE, UNIT C-1 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI BEACH FL 33140 | | | | | | | | | | | |
| INITAINI DE | AUN FL 331 | 40 | | | | | | - | | | |
| | | | | | | City | | | FL Zip | Code | |
| 8. The above the obliga | e named entity tions of regist | submits this statement for ered agent." | or the purp | oose of changing its | registere | ed office or registe | ered a | gent, or both, in the State of Florida. | I am familiar v | with, and accept | |
| SIGNATURE | Signature, typed | or printed name of registered agent | and title if app | olicable. (NOT | E: Registered | Agent signature requir | ed when | reinstating) | DATE | | |
| | 11 F MONGE | . FEE IO \$150.00 | | ľ | | | | 1 | | | |
| Afte | r May 1, 200 | FEE IS \$150.00 Fee will be \$550.00 Florida Department o | f State | | | | | Election Campaign Financing Trust Fund Contribution. | | 55.00 May Be dded to Fees | |
| 10. | | | | npe | 11. | | A | DDITIONS/CHANGES TO OFFICERS | AND DIDEO | TODO IN 44 | |
| TITLE | OFFICERS AND DIRECTORS | | | Delete | _ | | Al | DDITIONS/CHANGES TO OFFICERS | | | |
| NAME | LEE, KAI M | İ | | Li Delete | TITLE | | | | ☐ Char | nge | |
| | 5005 COLL | JNS AVE, UNIT C-1 | | | | T ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI BEA | CH FL | | | | ST-ZIP | | | | | |
| TITLE | VP | | | ☐ Delete | TITLE | | | | Char | nge | |
| NAME | HIN MAN, I | PÓON | | | NAME | | | | 0//d/ | ngo | |
| | 5005 COLL | INS AVE | _ | | | TADDRESS | | المرازي والمواجع والمحاد المحاص والمحا | | | |
| CITY-ST-ZIP | MIAMI BEA | CH FL | | | CITY- | ST-ZIP | | | - | | |
| TITLE | | | | Delete | TITLE | | | | ☐ Char | nge 🔲 Addition | |
| NAME | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | |
| CITY-ST-ZIP | | 78 | | | CITY- | ST-ZIP | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | ☐ Chan | nge 🔲 Addition | |
| NAME STREET ADDRESS | | v | | | NAME | | | | | | |
| CITY-ST-ZIP | *- | e de la companya della companya della companya de la companya della companya dell | | | | T ADORESS ST-ZIP | | | | | |
| | | | | | _ | 31-21 | | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | | | | ☐ Chan | nge 🗌 Addition | |
| STREET ADDRESS | | | | | NAME | T ADDRESS | | | | i | |
| CITY-ST-ZIP | | | | | • | ST-ZIP | | • | | | |
| TITLE | | | | ☐ Delete | TITLE | | | 10-41. | Chan | nge 🔲 Addition | |
| NAME | | | | | NAME | ł | | | | a. Dyaquilott | |
| STREET ADDRESS | | | | | STREET | T ADDRESS | | | | [| |
| CITY-ST-ZIP | * | 1 | | | CITY-S | ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)